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ON THE LEAST DEVELOPED COUNTRIES

Preparatory process for the Conference

CHILDREN AND DEVELOPMENT IN THE LEAST DEVELOPED COUNTRIES
A STRATEGY FOR THE 1990s

Contribution by UNICEF*/

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ANNEX 1: BASIC CHILD INDICATORS FOR INDIVIDUAL LDCs

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I. SITUATION OF CHILDREN IN LDCs

1. A decade after the adoption of the Substantial New Programme of Action (SNPA) for the 1980s, the situation of children in the least developed countries (LDCs) has hardly improved. The generally rapid improvements in infant and child mortality in the two decades prior to 1980 have slowed, and in some cases have even been reversed, in the 1980s. Table 1 presents the available data with respect to several key indicators of child welfare in LDCs as compared to other developing countries.

TABLE 1: BASIC CHILD INDICATORS COMPARING LDCs WITH OTHER DEVELOPING COUNTRIES

	LDCs (median)	OTHER DEVELOPING COUNTRIES (median)
1. Under 5 mortality rate 1988	197	85
2. Average annual reduction rate in U5MR, 1980-1990	1.3	2.3
3. Life expectancy 1988 (yrs.)	47	64
4. Adult literacy rate 1985	38	74
5. Estimated % net primary school enrollment 1986-87	47	88
6. % underweight children 1980-87	37	21
7. % fully vaccinated against DPT 1987-88	53	71

SOURCES: 1,3,4,6,7: Annex 1
2: UNICEF, based on UN Population Division reports
5: UNICEF, based on 43 countries for which data on net primary enrollment available, of which 12 are LDCs.

2. As can be seen from this table, the situation of children in LDCs as compared to that in other developing countries is dramatically worse on all seven counts. The Under Five Mortality Rate (U5MR) is more than double and, worse still, the gap between the two groups is widening, as illustrated by the average annual reduction rate in U5MR. The adult literacy rate and the net percentage of primary school enrollment in LDCs are roughly half of those in other developing countries. The prevalence of underweight (moderate and severe in children under five) is 76% higher in LDCs and these countries as a group are noticeably lagging in the worldwide effort to protect their children through immunization.

3. Other problems, less easily quantified, affect children in

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LDCs. They have been the victims most seriously affected by the wars, the political upheaval, the droughts, floods and famines that have occurred in the past decade to so many countries in this category. Household poverty has increased child labour, displacement and migration to urban areas has created more street children and increased misery has led to more child abuse.

II. STRATEGY FOR THE 90s: POVERTY REDUCTION, ENVIRONMENTAL PROTECTION AND HUMAN DEVELOPMENT

4. The setbacks and retrogression experienced by the LDCs in the 1980s are due to a series of factors both external and internal to the countries themselves. These have been well analyzed by UNCTAD, UNDP and other agencies for this conference. A declining trend in world prices for many raw materials weakened export earnings while the prices of goods imported by LDCs continued to rise. In part because they perceived these imbalances to be temporary, LDCs incurred debts whose servicing has proved to be much more of a burden than anyone at the time anticipated. Trade barriers have further affected exports and reduced options for diversification.

5. During the period from mid-1981 to mid-1989, 27 LDCs implemented stabilization programmes negotiated with the IMF.1/ The adjustment policies adopted for countries heavily dependent on agricultural exports encouraged individual countries to export even more without necessarily taking into account the depressing effect on world prices that simultaneous expansion by many countries could have. Farmers were, in effect, working longer and harder to produce the same return while more and more land and labour were being diverted from domestic food production. While the exact content of adjustment programmes differed from country to country, they generally had a triple impact on the poor, especially the rural poor: lower prices for what they were producing versus higher prices for what they were consuming, dislocations in employment and deterioration in public services.

6. UNICEF has argued elsewhere 2/ that adjustment policies could and should incorporate measures to protect the real incomes of both the urban and the rural poor while providing an essential package of low cost services that could avert increases in child malnutrition and death. Of course, this imposes tough choices on policy makers, such as choices between services that are of concern to the richer and more powerful sectors of society, such as the major city hospitals, universities and national airlines versus immunization programmes, primary schools and subsidies for public transport for the poor. However, where the willingness to make such choices exists and the outflow of resources is reduced or reversed, it is possible for adjustment to be carried out with a human face.

7. A strategy for LDCs in the 1990s will have to move beyond adjustment to a more comprehensive approach that might well be called "development with a human face", putting more emphasis on longer-run human goals. While material and financial resources continue to be limited, the ratio of resources to results can be vastly improved. Several examples of impressive achievements in child survival and development by countries facing extraordinary odds in the 1980s indicate that much can be achieved with the right combination of technical interventions and social mobilization supported by the necessary political will and vision. Lessons from these experiences should be used in formulating development strategies with a human face in the same way that the painful experiences of structural adjustment in the early 1980s have led to the growing acceptance of adjustment policies with a human face.

8. A development strategy for LDCs in the 1990s should, in UNICEF's view, have three major components: poverty reduction, environmental protection and human development. Each component is vital and each is essential to guarantee the sustainability of the other two.

A. Poverty Reduction

9. As the experience of the 1980s in LDCs has shown, the social situation cannot move -- for any sustained period -- in a direction that is counter to economic developments. The long term viability of social development and, indeed, the meeting of the human goals for the 1990s, will be contingent upon significant progress in at least four poverty-related areas:

1. The alleviation of critical poverty,
2. The increased flow of external resources for development in LDCs,
3. Debt relief,
4. Trade and commodity agreements that are more favourable to LDCs.

Children have a vested interest in the search for new approaches to all four of these issues. While the latter two fall more directly within the mandate of other agencies, UNICEF, as part of the United Nations System, continues to emphasize them through advocacy and situation analysis. UNICEF's own financial and technical resources contribute in a limited way to dealing with the first two issues but they can be effective only in combination and cooperation with many other resources, both external and internal to LDCs. In 1970, UNICEF established criteria for the allocation of its own resources that would provide proportionately more to LDCs. Annex 2, which summarizes the data on UNICEF expenditures in 1989, shows that UNICEF is currently spending more than four times as much per

child in LDCs as it is spending in other developing countries. UNICEF considers that such targeting of development cooperation is justified and supports efforts by this conference to increase the flow of resources to LDCs.

B. Environmental protection

10. A growing characteristic of LDCs is the fragility of their environmental situation. For many of them there is a constant threat of environmentally devastating natural disasters. For others, political upheaval and war have degraded the environment and threaten to do so even further. For nearly all, poverty and the concentration of poor populations in areas environmentally unsuitable for supporting them have increased the risk of irreversible ecological damage.

11. Children have the greatest stake in sustainable development as their survival, development and protection depend on it. From their point of view, all development strategies must be designed to meet the needs of the present generation without compromising the ability of future generations to meet their own needs.

12. UNCTAD has pointed out several major categories of measures that will be required.3/ These include (i) education and mobilization of the entire population, (ii) economic incentives, (iii) linking programmes of social development to programmes of environmental improvement and management and (iv) programmes aimed at both preserving the environment and meeting the specific concerns of women. UNICEF will support the implementation of such measures both as an advocacy position of the organization and in programmes for which it provides direct inputs. UNICEF is particularly convinced that programmes to assure household food security in LDCs can and must be implemented in ways that are environmentally friendly. In addition, environmental action to tackle infectious diseases and inadequate water supplies and to improve sanitation are a priority for the well being of the ordinary people.

C. Human development

13. One of the most serious setbacks for LDCs in the 1980s has been the impact of economic reversal and adjustment on human development. As indicated earlier, adult literacy and net primary school enrollment in LDCs are only half of what they are in other developing countries. The quality of education has also suffered. More limited evidence 4/ indicates that the prevalence of malnutrition has increased and average birth weights have declined. As nutritional levels also affect mental development this means that the "human capital" for development is being adversely affected. This disinvestment in human capital has

reinforced the physical disinvestment and deterioriation represented by lower savings rates. Both will have severe consequences for long run development in the LDCs.

14. The one resource that LDCs have in abundance is people. A revitalized SNPA for the 1990s ought to assign greater importance to human development. An emphasis on human development would entail using the fulfillment of basic human needs as the most important indicator of development with the enhancement of human capacities as the essential engine of progress. A human-centred development which seeks to empower people with the knowledge and resources to meet their basic needs would measure the success or failure of development in terms of its contribution to such factors as reducing hunger and malnutrition, extending life expectancy and reducing death rates among children and adolescents, increasing access to health services to protect against common diseases, adequate shelter and sanitary environment as well as basic education and facilitating religious and cultural freedom and political participation.

15. The starting point of a development strategy that emphasizes human development must be the well-being of children. It is, after all, the children whose individual development and social contribution will shape the future of LDCs. Perhaps more than in any other group of countries, it is on children, who represent half the population of LDCs, that the development prospects of these countries are critically dependent.

III.GOALS FOR CHILDREN IN THE 1990s

16. UNICEF has found that interagency and intergovernmental cooperation is more easily achieved when the various partners in a global effort are clear about the goals they are working toward. Differences in style of work, constituencies and structure can more easily be reconciled when each country or organization works in the way it knows best to achieve a set of objectives that are shared with the others. This perspective has led UNICEF, in broad collaboration with WHO, UNFPA, UNESCO, UNDP, the World Bank and other partners within the Task Force on Child Survival and Development, to propose a set of goals for children in the 1990s whose achievement, taken together, would go a long way toward reversing the deterioration in human development that LDCs have suffered in the past decade. Fulfillment of these goals would also contribute to the alleviation of critical poverty and the protection of the environment. Endorsement by its Executive Board implies that UNICEF's own agenda for the coming decade is solidly focussed on these objectives.

17. The seven major goals, each with its supporting set of sectoral goals are:

1. Between 1990 and the year 2000, reduction of infant and under 5 child mortality rates in all countries by one-third or to 50 and 70 per 1000 live births respectively, whichever is less.

2. Between 1990 and the year 2000, reduction of maternal mortality rates by half.

3. Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under 5 children by half.

4. Universal access to safe drinking water and to sanitary means of excreta disposal.

5. By the year 2000, universal access to basic education and completion of primary education by at least 80% of primary school age children.

6. Reduction of the adult literacy rate (the appropriate age group to be determined by each country) to at least half its 1990 level with emphasis on female literacy.

7. Improved protection of children in especially difficult circumstances.

These goals are ambitious ones, but they are not impossible to achieve. Indeed, their point of departure is a remarkable success achieved during the 1980s in accelerating certain child health interventions such as immunization and the use of oral rehydration therapy which are credited with having prevented death among missions of children, many of them in LDCs, during the 1980s. LDCs may have greater difficulty in achieving some of these goals than other developing countries, but it should be pointed out that most of the goals are expressed in terms relative to the current situation. Thus a reduction by half of malnutrition in an LDC does not imply that the outcome will be the same in absolute terms as that which a better-off country is expected to achieve in the same period. Only the water/sanitation and the basic education goals are expressed in absolute terms, the one being the unfulfilled goal of the decade just past and the other so fundamental to human development in any country that anything less is basically unacceptable.

18. The most important of these goals for LDCs, perhaps, are those related to national capacity building: basic education for all and the reduction of adult illiteracy rates. These are essential if the LDCs are to raise the level of their human capital. The high rate of economic return on investment in primary education, and its contribution to better health, productivity and enlightened citizenship justifies the case for making universal basic education a major priority. Disinvestment in this sector was one of the most regrettable effects of

economic retrenchment in the 1980s. It is true that all sectors suffered because there were just not enough resources to go around. Nevertheless, in a number of countries, there was, and is, room for restructuring and reallocation of resources: from expenditures on the military and other sectors whose direct benefit to the poor is usually very indirect toward the social sectors, among the social sectors toward education and, within the education sector itself, some more equitable allocation among primary, secondary and tertiary education. Relatively minor shifts that would assure the bare essentials for primary education as compared with more generous subsidies for higher education can have considerable impact.

19. Improved health and nutrition are also essential for strengthening the human capital of LDCs. Maternal health and nutrition are the key determinants of the health and well-being of the child in early infancy and, of course, for the well-being and productivity of half of humanity. The high rates of infant and under 5 mortality that characterize LDCs can be dramatically reduced through a series of low-cost primary health care interventions of proven effectiveness such as immunization, oral rehydration therapy and effective case management of acute respiratory infections. Here again, countries with the political will to reallocate resources within the health sector, favouring primary health care for rural and poor urban areas by cutting down on expensive hospital services for the middle and upper classes, could achieve significant progress despite serious budget cutbacks.

20. While many LDCs may find the goal of universal access to safe drinking water and sanitary means of excreta disposal particularly difficult to achieve, water is so essential to human life and access to it is such a good in itself that such a goal must be high on the agenda of every country. Here too, some shift in the use of available resources, giving preference, wherever feasible, to small scale, low cost handpump and gravity-fed systems that can be easily maintained at community level rather than to expensive urban systems that depend on imported energy sources for their maintenance should be stressed.

IV. FEASIBILITY OF THE GOALS

21. There is no doubt that it will require extraordinary efforts for these goals to be achieved in LDCs by the end of the century. Nevertheless, the present moment offers some unprecedented opportunities for breakthroughs in precisely these areas of human development. The resolution of regional conflicts, progress in arms reduction by the superpowers, prospects for reduced military expenditures by LDCs themselves, the growing universal concern with the degradation of the environment and support for human rights, including children's rights, have created a climate that

is quite new. Thanks to a series of technological breakthroughs and the communications revolution, it is quite conceivable to eradicate some of the most dreaded diseases, effectively prevent and treat many infections and disseminate the knowledge and skills for improving the quality of life of people heretofore unreached and unserved by the modern sector of the economy or government services.

22. A review of 27 LDCs for which data is available shows that they were spending a total of $3.2 billion on military activities in 1986. This amounted to nearly 3 per cent of their combined Gross National Products. Seven of these countries were at war in 1986 and were spending more than $1.8 billion, or 7 per cent of their combined GNP, on military uses. If only a fraction of these resources could be reallocated to human development, a great deal could be done to reverse the deterioration experienced by LDCs during the past decade.

23. If anything positive can be derived from the setbacks of the past decade, perhaps it will be the realization that new approaches must be sought. The flow of resources to LDCs must, as stated earlier, be increased, trade barriers must be lowered and there must be some relief from the crippling debt burden that LDCs face. Innovative schemes for debt relief whereby debt paper is sold at discount on the secondary market and the funds channelled into human and environmental development, should be further pursued. There must be greater political will, among cooperating partners as well as on the part of LDC governments, to reallocate resources in favour of the most vulnerable sectors of society and in favour of human development. Increased grass-roots participation is also vital to complement positive changes in macro-policies. UNICEF maintains that feasible approaches exist and that they are capable of drastically improving human welfare in LDCs over the coming decade. UNICEF also believes that the lives and normal development of children should have first call on the world's concerns and capacities, especially in the Least Developed Countries.

Notes

1. UNCTAD, Trade and Development Report, 1989. Part Two: The Least Developed Countries, p. 15.

2. Cornia, G.A., Jolly, R. and Stewart, F. (eds.) Adjustment with a human face (2 vols.) Oxford University Press 1987.

3. UNCTAD, Elements for a Programme of Action for the Least Developed Countries. A/CONF.147/PC/5; TD/B/AC.17/33; 1 February 1990.

4. Cornia, et al.. ibid.

Annex 1
Basic Child Indicators for Individual LDC's

	Under 5 mortality rate	Total population (millions)	Life expectancy at birth	Adult literacy rate	Gross Primary school enrolment	% of children suffering from moderate and severe underweight	% of one year-old children fully vaccinated with DPT
	1988	1988	1988	1985	1986-88	1980-87	1987-88
Median- LDC's	197	416	47	38	66	37	53
Median- Rest of Developing countries	85	3451	64	74	101	21	71
Afghanistan	300	15.1	42	24	21		25
Bangladesh	188	109.6	51	33	70	60	16
Benin	185	4.4	47	27	63	34	30
Bhutan	197	1.5	48		26		70
Botswana	92	1.2	59	71	114	15	89
Burkina Faso	233	8.5	47	14	32		30
Burundi	188	5.1	49	34	67	38	54
Cape Verde	91	0.4	61	50	109		88
Chad	223	5.4	46	26	51		14
Comoros	129	0.5	52	48	80		71
C.A.R.	223	2.8	46	41	66	30	24
Djibouti	169	0.4	47	12			65
Eq.Guinea	214	0.4	47				
Ethiopia	259	44.7	41	66	37	38	16
Gambia	245	0.8	43	26	62		83
Guinea	248	6.5	42	29	30		16
Guinea Bis.	223	0.9	45	32	56		55
Haiti	171	6.3	55	38	78	27	49
Kiribati		0.1					62
Laos	159	3.8	49	84	94	37	17
Lesotho	136	1.7	56	73	115	16	77
Malawi	262	7.9	47	42	66	22	82
Maldives	91	0.2		93			81
Mali	292	8.8	44	17	23	31	18
Mauritania	220	1.9	46	17	52	44	28
Mozambique	298	14.8	47	39	68	57	38
Myanmar	95	40	60	84	81	38	23
Nepal	197	18.2	51	26	76		71
Niger	228	6.7	45	14	29	49	16
Rwanda	206	6.8	49	47	67	37	80
Samoa		0.1					90
Sao Tome & P	91	0.1		58			77
Sierra Leone	266	3.9	41	30	58	23	25
Somalia	221	7.1	45	12	0		25
Sudan	181	23.8	50	24	49	41	53
Tanzania	176	25.4	53	91	66	48	81
Togo	153	3.2	53	41	101		62
Tuvulu		(.)					89
Uganda	169	17.2	51	58	70		40
Vanuatu		0.2	52				62
Yemen	190	7.5	51	25	91	61	29
Yemen, Dem.	197	2.3	51	42	66	26	35

Source: State of the World's Children Report 1990.

ANNEX 2: UNICEF Programme Expenditure in LDCs Compared to that in other developing countries

	Expenditure per Child 1989	% All Programme Expenditure 1989	% All Children in Developing Countries
Least Developed Countries	$1.03	41%	13%
Other Developing Countries	$0.22	59%	87%

Source: UNICEF Programme Statistics